

Dept of Labor & Industries  
Investigations  
PO Box 44277  
Olympia WA 98504-4277



## DISCRIMINATION COMPLAINT

Case No. Dept use only

Claimant's Full Name		Social Security No.	Date
Present Address		Injury Claim No.	Date of Injury
City	State ZIP	Claimant's Phone No.	Attorney's Phone No.
Employer		Union Name	Union Local No.
Business Name (if different)	Phone No.	Union Representative	Telephone No.
Address		Address	
City	State ZIP+4	City	State ZIP+4
Type of Business	Have you filed a grievance? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is the status of your grievance ?
Attorney	Date hired		Supervisor's name
Address		Department worked	
City	State ZIP+4	Job title	
Final wage rate	Has employment been terminated? <input type="checkbox"/> Yes, date? <input type="checkbox"/> No	Is a safety issue involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date alleged act of discrimination occurred
Have you returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full duty <input type="checkbox"/> Light duty		Still under Doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated release for work date

Describe how you were discriminated against:

Why did the employer take this action (in your opinion)?

Have you filed your complaint with another agency?

☐

Yes

☐

No

If so, which agency have you contacted?

**I certify that the information provided herein is the truth to the best of my knowledge.**

Print Name

Date

Signature

Mail completed form to: Department of Labor and Industries  
INVESTIGATIONS  
PO Box 44277  
Olympia WA 98504-4277

Your rights are:

**RCW 51.48.025 Retaliation by employer prohibited - Investigation - Remedies**

(1) No employer may discharge or in any manner discriminate against any employee because such employee has filed or communicated to the employer an intent to file a claim for compensation or exercise any rights provided under this title. However, nothing in this section prevents an employer from taking any action against a worker for other reasons including, but not limited to, the worker's failure to observe health or safety standards adopted by the employer, or the frequency or nature of the worker's job-related accidents.

(2) Any employee who believes that he or she has been discharged or otherwise discriminated against by an employer in violation of this section may file a complaint with the director alleging discrimination within ninety days of the date of the alleged violation. Upon receipt of such complaint, the director shall cause an investigation to be made as the director deems appropriate. Within ninety days of the receipt of a complaint filed under this section, the director shall notify the complainant of his or her determination. If upon such investigation, it is determined that this section has been violated, the director shall bring an action in the superior court of the county in which the violation is alleged to have occurred.

(3) If the director determines that this section has not been violated, the employee may institute the action on his or her own behalf.

(4) In any action brought under this section, the superior court shall have jurisdiction, for cause shown, to restrain violations of subsection (1) of this section and to order all appropriate relief including rehiring or reinstatement of the employee with back pay.